TRAFFIC IMPACT ANALYSIS THRESHOLD WORKSHEET



Permit	#	



CONTACT INFORMATION

Applicant's Name		Property Owner								
Applicant's Mailing Address		Owner's Mailing Address								
Applicant's Phone #		Owner's Phone #								
Applicant's Email		Owner's Email								
Applicant = person or business responsible for construction. Owner = person or legal entity currently holding the title to the property.										
-	Name:									
Subject Property Address: Legal Description: Lot Block Subdivision										
Existing Land Use: Existing Zoning District:										
DESCRIPTION OF REQUEST Proposed Land Use: Proposed Zoning District:										
Accompanying Application Type: Zoning PDD Concept Plan Preliminary Plat Original or Subsequent Submittal?										
AUTHORIZATION										
	st that this application and all require and attachments for review by the Cit		mplete and accurate. I hereby							
Filing Fee \$115 T	echnology Fee \$12 TOTAL F	FEE \$127								
Applicant's Signature:			Date:							
Printed Name:										
□ Engineer □ Architect/Planner □ Surveyor □ Owner □ Agent										

То	be comp	leted by Staff:								
A traffic impact analysis <u>IS</u> required. The consultant preparing the study must meet with City staff to discuss the scope and requirements of the study before beginning the study. A traffic impact analysis is required due to the following:										
	The proposed addition of more than 300 vehicle trips per day on a residential street.									
		The prop	oosed addition of mo	re than 2,000 vehicle trips per	day on a	non-residen	tial street.			
		The crea	tion of 200 or more d	lwelling units on a non-reside	ntial stree	t.				
				eets not appearing on the City	-	_				
		raffic impact analysis ceed any of the thres		e traffic generated by the pro	posed dev	elopment de	oes not meet o	r		
_				for the following reason(s): _						
Rev	viewed b	y:	Dat	te:						
CH	ECKL	IST FOR TRAF	FIC IMPACT	ANALYSIS THRESH	OLD W	ORKSH	EET			
Items Required for Complete Submittal						Staff Verification & Comments				
	☐ Completed Application for Traffic Impact Analysis Threshold Worksheet									
	□ Completed Accompanying Application with all required documentation									
□ Completed Traffic Impact Table (below)										
Ad	ditional	information may b	e required at the re	equest of the Department						
TD	A EELO J	ADA OT								
	AFFIC III	LAND USE		UNITS (of measure)	Trip Rate	e per Unit	Generated T	rips		
TOTAL NUMBER OF TRIPS										
Not Ger	Note: the use of the latest ITE Trip Generation Manual rates is required. ITE – Institute of Transportation Engineers, <i>Trip Generation, 10th Edition,</i> 1627 Eye Street, NW, Suite 600, Washington, DC 20006; 202-785-0060									
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